## Campground Plan Review Zuestionnaire

Establishment Name							
Owner's Name					ı	Phone #	
Physical Address					1		
Mailing Address							
City, State, Zip							
Completion Date							
Please complete and ret days prior to beginning			onnaire alon	g with a so	caled drawing of	the campg	round <u>at least 30</u>
Type of Campground:	Full Service (		Limited Service	$\bigcirc$	Temporary		
Campground Size in Acres	:	acres					
Total Number of Sites:		sites					
Typical Site Dimensions:		х		Number of	Service Buildings:		
Distance Between Sites:		feet			rfaced Roadways:		feet
Water Hookups:		Yes		No 🔾	lf ye	es (# of sites)	
Sewer Hookups:		Yes		No 🔾	If ye	es (# of sites)	
Are caps provided for sewe	r risers?	Yes		No 🔾	•	` / [	
Electrical Hookups:		Yes 🔾		No 🔾	If ye	es (# of sites)	
Watering Stations:		Number of:		Dista	ance from farthest	campsite?	feet
Sanitary Dump Stations:		Number of:					
Is a concrete apron pro	vided for the	dump station d	Irain?	Yes 🔘	No 🔘		
Is a water hydrant provi Note: All dump station w				Yes O preventers a	No O and must be identifie	ed as "Non-F	Potable Water."
Note: Private water sys	Public Otems must be	analyzed for bad l approved by the	Private O  Dept. of Envir	ronment and			•
Swimming Pools: (please e	nclose const	ruction plans)		Number of	of:		
Spas or Hot Tubs:				Number	of:		
Please describe your servi	ce building flo	or, wall, and c	eiling coverin	gs:			
	Floor:						
	Wall:						
	Ceiling:						
Number of Service Building	j Fixtures:		<del>-</del>				

ilg Fixtures.						
		Men's	Women's			
	Toilets					
	Urinals					
	Lavatories					
	Showers					
	Vent Fans					

SEND YOUR COMPLETED **QUESTIONNAIRES TO:** Office of Health Protection 600 E Capitol Pierre, SD 57501-2536 Phone (605)773-3364 Fax (605) 773-5904 www.state.sd.us/doh